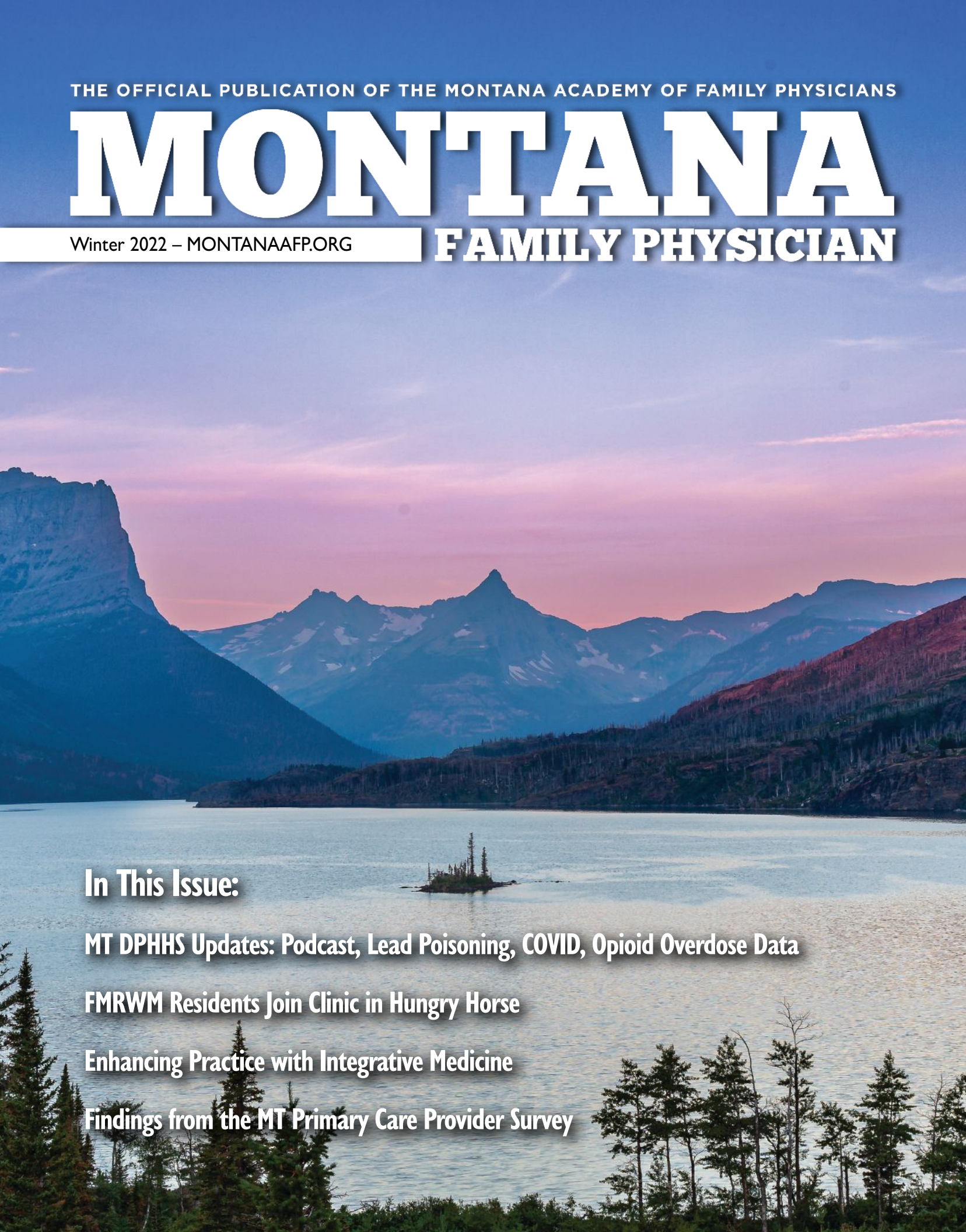
THE OFFICIAL PUBLICATION OF THE MONTANA ACADEMY OF FAMILY PHYSICIANS

# MONTANA FAMILY PHYSICIAN

Winter 2022 – MONTANAAFP.ORG



## In This Issue:

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# MONTANA FAMILY PHYSICIAN

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*The **Montana Family Physician** is printed, addressed, and mailed to every family physician, resident, and medical student in Montana as well as all 50 other state chapters.*

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**Edition 15**

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EDITION 15




# MAFP President's Welcome

*Heidi Duncan, MD, FAAFP*

Dear MAFP family:

Another sign that we are somewhat returning to normal is being able to gather for large meetings. In September we had our first in person AAFP Congress of Delegates (COD) since 2019. This year our delegation traveled to Washington D.C. for the COD from September 19-21. The Montana Academy of Family Physicians was well represented by Delegates Jeff Zavala, M.D. and Janice Gomersall, M.D., alternate delegates LeeAnna Muzquiz, M.D. and Michael Temporal, M.D., and executive vice president Linda Edquest. I tagged along as your president. Congress of Delegates was followed by the Family Medicine Experience (FMX), the AAFP's main education conference. It was wonderful to be able to gather again with colleagues from across the country and catch up after 3 years. COD and FMX are always so inspiring, and I always feel re-energized by being with hundreds of family physicians as we learn together and discuss policies that impacts us and our patients and communities.

The Congress had a larger than usual body of work to do as they discussed resolutions from 2022 as well as the resolutions that were extracted from the consent calendar of the 2021 virtual COD. A wide range of topics were discussed and debated in four reference committees: Advocacy, Health of the Public and Science, Practice Enhancement, and Cross-Topical Issues.

As always, there was spirited but respectful debate on broad range of topics that are important to our members, including prior authorizations, health equity, reproductive health, universal health care coverage, vaccines, and climate change. If you are interested in reading more about the 2022 COD, you can find that information here: https://www.aafp.org/about/congress-delegates/2022.html

Congress also installed President Tochi Iroku-Malize, M.D. (who attended our summer meeting at Chico in 2019) and elected Steven Furr, M.D. (who attended our summer this year) to the seat of President-Elect.

MAFP is also pleased to share that we have announced the candidacy of Jeff Zavala, M.D. for the AAFP Board of Directors. The election will occur during COD in Chicago in October of 2023. Watch for more information to come!

As we look forward to January 2023, there are two things to include on your calendars. The first is our Winter education meeting in Whitefish January 25-27. The winter meeting promises a great list of education topics along with the chance to ski with family and friends at Whitefish Mountain. The second is the start of the Montana Legislative session on January 2. The first four months of the year are packed with activity when the legislature is in session, and committee hearings and votes on bills happen very quickly. If you have questions or input for the Board on bills, please reach out to any of us. If you have interest in testifying before a committee, please let us know and we would be happy to help. We in turn will try to keep you informed on bills that impact our ability to practice medicine and give our patients evidence-based care. I encourage your engagement and advocacy.

Montana delegation at the AAFP Congress of Delegates

Policy and advocacy have been a central part of this message, and I'd like to share part of Dr. Tochi Iroku-Malize's Inaugural Address delivered on Sept. 21. When she ran for President-Elect in 2021, she outlined her plan for her next three years in AAFP leadership which she shared again after being installed as President. Her words resonated with me then and now, and I'd like to close by sharing those with you.

Her plan for her Academy leadership is based on three things: *Be* better, *do* better and *live* better.

"Be Better:
- Never settle,
- Become change agents willing to innovate in caring for our patients,
- Continue our professional and personal growth, and
- Correct inequities in our profession and in health care.

Do Better:
- Advocate, take a stand, create opportunities, help those who need assistance, support and pull up those behind you, and honor those in front of you.
- Politics, business and health are intertwined. We need to continue to leverage our collective political capital to get policies that materially improve life for you and our patients.
- Increase opportunities for you to serve as leaders and get involved in setting policy for our Academy.

Live better:
- Body, mind, spirit.
- If we make a conscious decision each day to live better, it helps replenish our reserves.
- Our Academy provides resources to help us live better and focus on our well-being (and continues to add more), so I encourage you to take advantage of those."

Thank you, Dr. Iroku-Malize for your leadership and your inspiring words.

My thanks to all of you for the work you do each day with your patients and communities.

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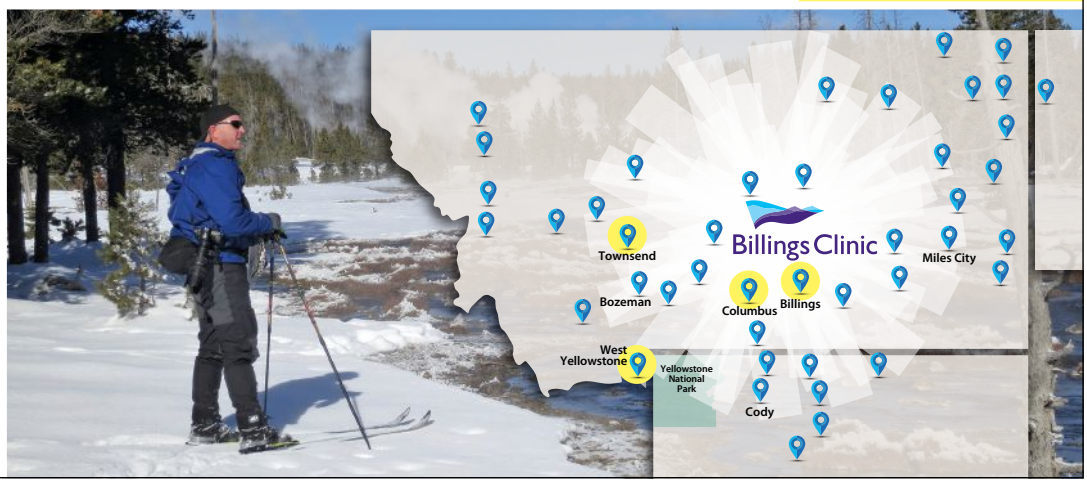
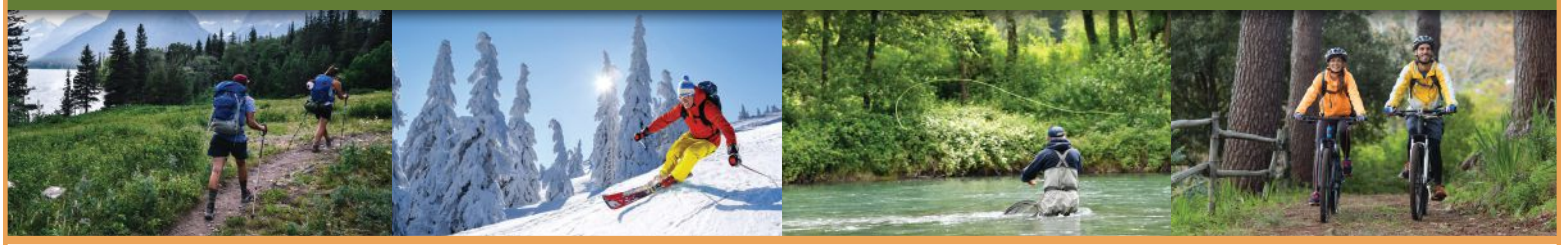



# Time for a change in scenery?



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Attending the Big Mountain Medical Conference in Whitefish in January, 2023? Come visit Greater Valley Health Center just down the road in Kalispell to see how a change in scenery might be just the thing you are looking for.

Contact us at 406-607-4910 or HR@greatervalleyhealth.org for a tour of the Health Center and learn more about why our providers and their families enjoy working and living here.
**www.greatervalleyhealth.org**

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Are you interested in getting involved with the Montana Academy of Family Physicians Board of Directors or committees? Please reach out to our chapter executive, Linda Edquest, at linda@montanaafp.org, for more information.

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National Conference of Constituency Leaders (NCCL)

# Save the Dates!

**Tuesday, May 9 - Thursday, May 11, 2023 | Kansas City, MO**

**Sheraton Kansas City at Crown Center**

The National Conference of Constituency Leaders (NCCL) is the AAFP's leadership development event that empowers a select group of change makers to catalyze positive change in family medicine. NCCL will inspire you to build on your leadership skills and create a lasting impact for current and future generations of family physicians.

## About NCCL

Are you ready to develop skills to advocate for issues that are relevant to your constituency, your practice, your specialty, and your patients? At NCCL, you will elect national officers, gain skills to be an effective leader, and meet others who share similar interests. Chapter delegates participate in all NCCL-specific business functions and have the opportunity to attend a variety of educational breakout sessions.

NCCL constituencies include:

- Women
- Minorities
- New physicians (in the first seven years of practice following residency)
- International medical graduates (IMG), from schools outside the U.S., Canada, and Puerto Rico
- LGBTQ+ physicians or physician allies

**Serving as a Montana constituency delegate is an excellent way to build leadership skills, learn more about policy work within the AAFP, and become more engaged with the leadership of the Montana Academy of Family Physicians! If you are interested in learning more about becoming a Montana constituency delegate, please contact Linda Edquest, MAFP Chapter Executive, at linda@montanaafp.org. You can also find more information at https://www.aafp.org/events/aclf-nccl/nccl.html.**

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# DPHHS Launches New Podcast: Talking Health in the 406

The Montana Department of Public Health and Human Services (DPHHS) has launched a new podcast called Talking Health in the 406.

The podcast focuses on powerful stories and impactful conversations about health issues and wellness.

**"All Montanans, their family, friends, and those visiting the state can learn from the messages in each episode,"** said Jennifer Van Syckle, Health Education Specialist and host of the first Talking Health in the 406 podcast series.

Sharing adventures, challenges, and lessons learned while managing life's hurdles, including chronic conditions, Talking Health in the 406 is a podcast aimed at helping all Montanans. These discussions show how much community support impacts health and wellbeing.


**"Chronic conditions, like diabetes, are a part of the podcasts' focus,"** Van Syckle said. **"It also spotlights topics which affect all of us, such as local Emergency Medical Services, living with disabilities, and air quality."**

Butte native Melissa House is the first podcast guest. Her episodes begin with a childhood diagnosis of Type 1 diabetes and concludes with the story of becoming a double organ transplant survivor. She shares how she found community resources and support to learn to care for herself. This care and support from her community was a big part of her success living with diabetes.

Talking Health in the 406 can be found wherever you listen to your podcasts. For more information visit http://TalkingHealthInThe406.mt.gov.

# Montana Department of Health and Human Services COVID-19 Immunization and Therapeutics Updates

COVID-19 vaccines are effective and important resources for protecting people from serious disease complications, hospitalizations, and death associated with the SARS-CoV-2 infections. Individuals should Stay Up to Date with COVID-19 Vaccines Including Boosters to ensure they are best protected.[1]

There are currently four COVID-19 vaccines authorized and recommended in the U.S., including vaccines for the primary series and boosters. Specific recommendations vary based on initial vaccine, time since last dose, and age. Out of the four vaccines, two are mRNA vaccines, Moderna and Pfizer-BioNTech; one is a protein subunit vaccine, Novavax; and the last is a viral vector vaccine, Johnson & Johnson's Janssen.

All four vaccines are authorized and recommended for use as primary series doses, but not all are authorized and recommended for use as booster doses. For the primary series, any of the four authorized monovalent vaccines can be administered to authorized age groups. However Johnson & Johnson's Janssen COVID-19 vaccine should only be considered in certain situations for either primary or booster doses. [2] Both mRNA, vaccines, Moderna and Pfizer-BioNTech, are authorized as boosters for certain age groups, using the newly updated bivalent vaccines. These updated bivalent boosters provide added protection against the recent Omicron subvariants. As these new products were authorized for boosters, the authorization for the monovalent mRNA COVID-19 booster vaccines for the same age groups were rescinded. The Novavax vaccine is not currently authorized for use as a booster.

With the new authorizations of bivalent COVID-19 boosters, the schedule for COVID-19 booster shots was simplified. Regardless of the number of COVID-19 booster doses an individual has received previously, the new bivalent boosters can and should be administered to any individual within an authorized age group two months following their previous booster or completion of their primary series. Finally, the COVID-19 vaccines, including the bivalent boosters, can be coadministered with other vaccines, including influenza vaccines, except in a few specific instances.[3]

In addition to vaccination, another important tool for reducing the risk of developing severe SARS-CoV-2 infections is therapeutics. The National Institutes of Health (NIH) offers guidance on the Therapeutic Management of Nonhospitalized Adults with COVID-19, including recommendations for preferred and alternative COVID-19 medications for the treatment of nonhospitalized patients with mild to moderate COVID-19 who are at high risk of progressing to severe disease.[4] The NIH also provides guidance on the Prevention of SARS-CoV-2 Infection, specifically using the monoclonal antibody medication, Evusheld.[5] Montana DPHHS allocates the oral antivirals Paxlovid and molnupiravir, and the monoclonal antibody for pre-exposure prophylaxis, Evusheld.

The U.S. Health and Human Services (HHS) hosts a searchable product locator site and Montana DPHHS routinely updates their COVID-19 Therapeutics website.[6,7] Providers with questions about the available COVID-19 medications should email margaret.cook-shimanek@mt.gov for additional information.

COVID-19 vaccines are available throughout the state of Montana at public and private health providers and pharmacies. Individuals can visit www.vaccines.gov to find a provider in their area.[8] For more information about COVID-19 vaccines or becoming an enrolled COVID-19 vaccine provider please call the Montana Immunization Program at 405-444-5580 or visit us online at COVID-19 Vaccine (mt.gov).[9]

## Citations


1. CDC Stay Up to Date with COVID-19 Vaccines Including Boosters: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html
2. CDC Overview of COVID-19 Vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html#janssen-when-to-consider
3. CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#coadministration-other-vaccines
4. National Institutes of Health Therapeutic Management of Nonhospitalized Adults With COVID-19: https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/nonhospitalized-adults--therapeutic-management/
5. NIH Prevention of SARS-CoV-2 Infection: https://www.covid19treatmentguidelines.nih.gov/overview/prevention-of-sars-cov-2/
6. Administration for Strategic Preparedness & Response COVID-19 Therapeutics Locator: https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/
7. DPHHS COVID-19 Therapeutics: https://dphhs.mt.gov/publichealth/cdepi/diseases/CoronavirusMT/monoclonalantibody
8. CDC Vaccines.gov: https://www.vaccines.gov/
9. DPHHS COVID-19 Vaccine Provider Resources: https://dphhs.mt.gov/publichealth/Immunization/covid19

# DPHHS Launch of the Montana Childhood Lead Poisoning Prevention Program

No safe level of lead in children has been identified. In 2021, CDC lowered the blood lead reference value from 5 to 3.5 µg/dL for follow-up testing and care, according to the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and Medicaid.[1,2,3,4] Effective Sept. 24, 2022, the Montana DPHHS Administrative Rule on Reportable Conditions will apply the CDC level of 3.5 µg/dL for lead in blood.

Lead exposure has been shown to cause substantive damage to children's developing brains and health over their lifespan.[5] *The CDC* and the AAP recognize the critical role of physicians in testing and preventing childhood lead poisoning.[6,7] Given Montana's mining history, high percentage of pre-1978 housing, drinking water infrastructure, and a drop in well-child visits during the COVID-19 pandemic, the State's screening rates are critically low according to Montana Department of Health and Human Services data from 2014-2022. Therefore, the Montana DPHHS Childhood Lead Poisoning Prevention Program (MTCLPPP) has launched a new initiative with the CDC to improve blood lead testing, reporting, and follow-up services for children through local partnerships.

Fall 2022, the MT DPHHS updated the Rule on Reportable Lead in Blood, "All venous blood lead tests for all ages are reportable; Capillary blood lead tests equal or greater than 3.5 micrograms per deciliter (>3.5 µg/dL) for children and youth under 16 years of age are reportable." Contact your local health department or MTCLPPP (abbie.phillip@mt.gov or 406-202-8866) to start or enhance your child blood lead screening program. We look forward to working with you!

## References


1. https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm
2. https://medicaidprovider.mt.gov/manuals/
3. https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm
4. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
5. https://www.aap.org/en/patient-care/lead-exposure/lead-exposure-in-children/
6. https://www.aap.org/en/patient-care/lead-exposure/lead-exposure-policy/
7. https://publications.aap.org/aapnews/news/20250/CDC-calls-on-pediatricians-to-address-challenges?autologincheck=redirected?nfTok

# Suspected Opioid Overdose in Emergency Medical Services (EMS) Data

## *Background*

This report describes suspected opioid overdoses documented by EMS providers during 2021. The data comes from the Montana EMS incident dataset.[1] Montana statute requires that licensed ground and air transporting EMS agencies submit a patient care report (PCR) to the dataset for each patient they encounter. Non-transporting agencies may also submit data. Therefore, the dataset may contain multiple records (EMS activations) that pertain to the same patient or incident.

In order to zero-in on a single record per overdose event, this report is restricted to 911 responses by ground transporting agencies (N=85 records excluded). It includes records with an incident date between January 1, 2021, and December 31, 2021, and scene location in Montana. EMS activations are labelled as opioid-related if they meet the **Montana opioid overdose syndrome criteria**.[2]

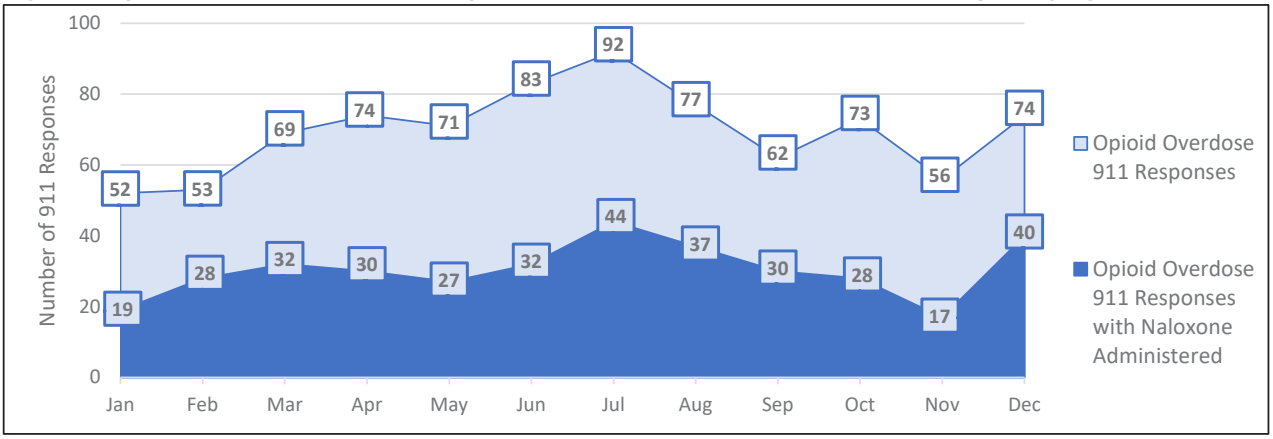
## *Data Limitations*

- Numbers in this report are provisional and subject to change due to latent record submissions or updates
- Data quality issues
- Does not capture overdoses where EMS did not make patient contact
- Does not capture most naloxone administrations by law enforcement or the public

## *Results*

There were **836** opioid overdose-related 911 responses by ground transporting EMS agencies in 2021 – an average of 70 per month. July had the highest number of opioid overdose-related 911 responses (Figure 1). Naloxone, a medication used for the emergency treatment of a known or suspected overdose, was documented in **364** of the 836 cases (**43.1%**)[3].

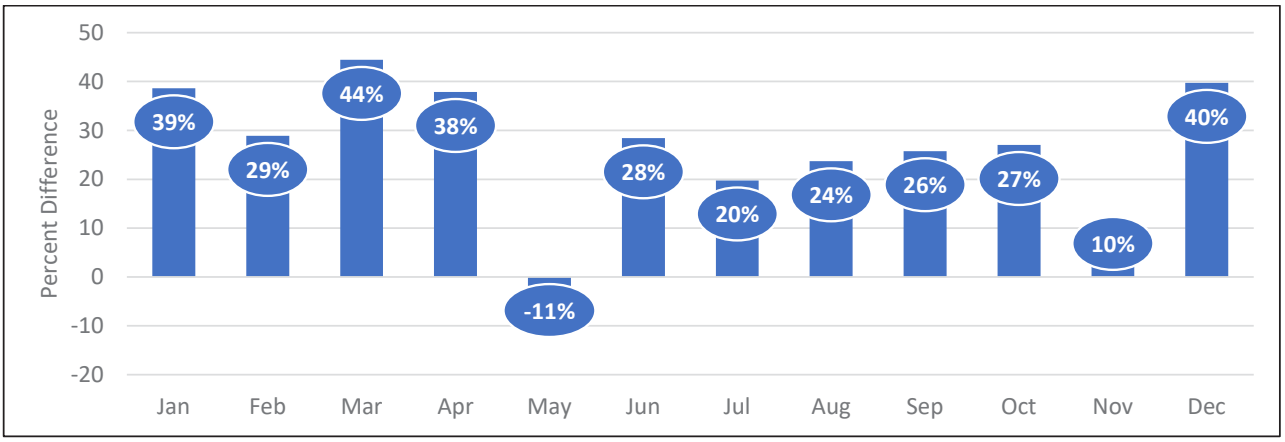
***Figure 1. Opioid-overdose related 911 responses with/without naloxone, Ground Transporting Agencies, 2021***




[1] Montana uses the **NEMSIS v3.4.0 data standard**
[2] Version 01.11.2022
[3] To learn more about accessing free naloxone, contact Ki-Ai McBride, Opioid Prevention Program Manager at naloxone@mt.gov

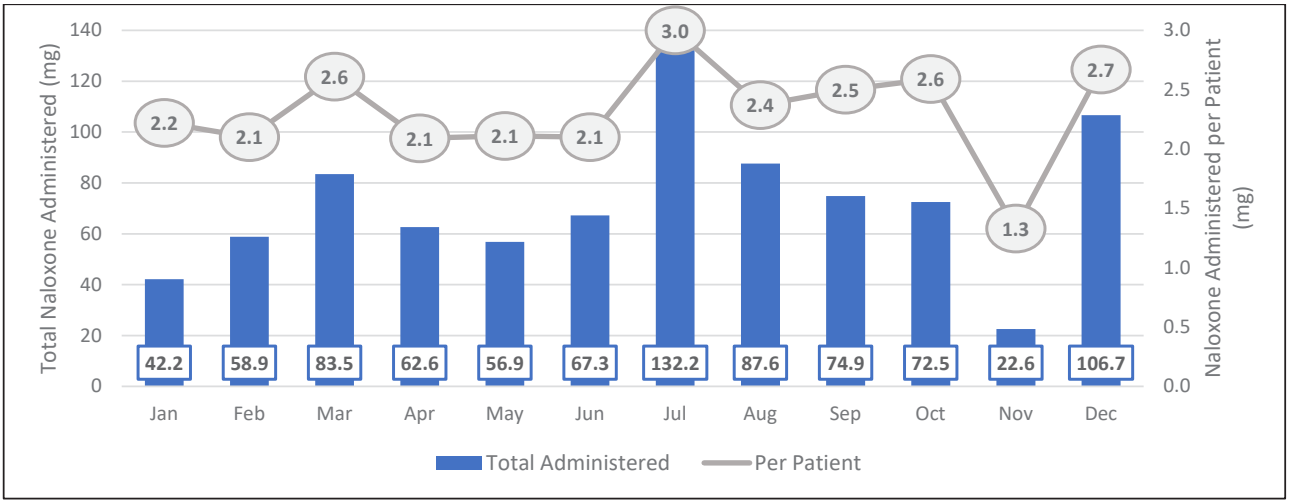
The number of opioid overdose-related 911 responses increased by approximately **35%** in 2021 compared to 2020. Every month in 2021, except for May, had more responses than the same month in 2020 (Figure 2).

***Figure 2. Percent difference in monthly number of opioid-related 911 responses, Ground Transporting Agencies, 2021 vs 2020***




Among the 364 opioid-related cases where naloxone was given, there were 482 naloxone administrations documented with a total amount of **868 milligrams** (mg)—however, this total does not include data from records missing dosage information. The yearly average was **72 mg** per month. July and December both saw totals over 100 mg, while November saw a lower amount than expected[4] (Figure 3). An average of **2.4 mg** of naloxone was given per opioid overdose patient, with month-to-month variation. Individuals overdosing from stronger opioids may require a higher dose of naloxone to reverse their overdose.

***Figure 3. Monthly total mg naloxone administered and average mg per patient, 911 responses, Ground Transporting Agencies, 2021***




[4] New facility list implemented in Nov 2021 may have affected the import of some EMS records to the database.

## Opioid overdose-related 911 responses, Ground Transporting Agencies, Montana, 2021

| | Q1 | Q2 | Q3 | Q4 | All | All % |
|---|---|---|---|---|---|---|
| **Naloxone Administration** | | | | | | |
| No documentation of naloxone administration | 95 | 139 | 120 | 118 | **472** | 56.5% |
| Naloxone administered, Response=Improved | 67 | 72 | 93 | 71 | **303** | 36.2% |
| Naloxone administered, Response=Unchanged | 12 | 14 | 15 | 13 | **54** | 6.5% |
| Naloxone administered, Response=No answer | † | † | † | † | **7** | 0.8% |
| **Patient Disposition** | | | | | | |
| Patient Transported by this EMS Unit | 159 | 207 | 222 | 179 | **767** | 91.7% |
| Patient Treated/Evaluated, No Transport (per protocol) | † | † | † | † | **7** | 0.8% |
| Patient Refusal, No Transport | 9 | 11 | 7 | 17 | **44** | 5.3% |
| Patient Dead at Scene, No Transport | † | † | † | † | **18** | 2.2% |
| **Incident County NCHS Urban-Rural Classification** | | | | | | |
| Small Metro | 72 | 129 | 103 | 94 | **398** | 47.6% |
| Micropolitan | 48 | 53 | 50 | 52 | **203** | 24.3% |
| Non-core (Rural) | 48 | 46 | 70 | 53 | **217** | 26.0% |
| Not Reported | † | † | † | † | **18** | 2.2% |
| **Patient Sex** | | | | | | |
| Female | 79 | 98 | 108 | 81 | **366** | 43.8% |
| Male | 95 | 128 | 121 | 120 | **464** | 55.5% |
| Not Reported | † | † | † | † | **6** | 0.7% |
| **Patient Age** | | | | | | |
| 0-17 Years | † | 10 | † | † | **19** | 2.3% |
| 18-24 Years | 18 | 26 | 24 | 31 | **99** | 11.8% |
| 25-44 Years | 82 | 113 | 122 | 117 | **434** | 51.9% |
| 45-64 Years | 40 | 57 | 52 | 28 | **177** | 21.2% |
| 65+ Years | 30 | 22 | 30 | 21 | **103** | 12.3% |
| Not Reported | † | † | † | † | **4** | 0.5% |
| **Patient Race*** | | | | | | |
| American Indian or Alaska Native | 37 | 53 | 53 | 48 | **191** | 22.8% |
| Asian | † | † | † | † | **1** | 0.1% |
| Black or African American | † | † | † | † | **10** | 1.2% |
| Hispanic or Latinx | † | † | † | † | **14** | 1.7% |
| Native Hawaiian or Other Pacific Islander | † | † | † | † | **1** | 0.1% |
| White | 102 | 112 | 114 | 102 | **430** | 51.4% |
| Other Race | † | 13 | 10 | † | **32** | 3.8% |
| Race Not Listed | 28 | 44 | 49 | 38 | **159** | 19.0% |
| **Total** | **174** | **228** | **231** | **203** | **836** | **100.0%** |

*Race is a multi-select field, therefore the sum of all race categories may exceed the total.
†= Suppressed according to departmental policy if cell count is <5

**For further information, please visit our website: *Injury Prevention Program***

***Victoria Troeger,*** *Epidemiologist* ***Victoria.troeger@mt.gov***
***Hannah Yang,*** *Epidemiologist* ***hannah.yang@mt.gov***
***Maureen Ward,*** *Injury Prevention Coordinator,* ***maureen.ward@mt.gov***

# Save the Date!

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# Naloxone Administration by Emergency Medical Services (EMS)

## *Background*

Naloxone is a medication used for the emergency treatment of a known or suspected opioid overdose. It has no negative side effects if given to a patient who has not taken opioids, so it is sometimes given to rule out opioid overdose.

This report describes all naloxone administrations (regardless of opioid involvement) documented by EMS providers during 2021. The data comes from the Montana EMS incident dataset.[1] Montana statute requires that licensed ground and air transporting EMS agencies submit a patient care report (PCR) to the dataset for each patient they encounter. Non-transporting agencies may also submit data. Therefore, the dataset may contain multiple records (EMS activations) that pertain to the same patient or incident.

This report includes EMS activations with an incident date between January 1, 2021, and December 31, 2021, where the scene location is in Montana. EMS activations are labelled as opioid-related if they meet the **Montana opioid overdose syndrome criteria**.[2]

## *Data Limitations*

- Numbers in this report are provisional and subject to change due to latent record submissions or updates
- Data quality issues
- Does not capture most naloxone administrations by law enforcement or the public

## *Results*

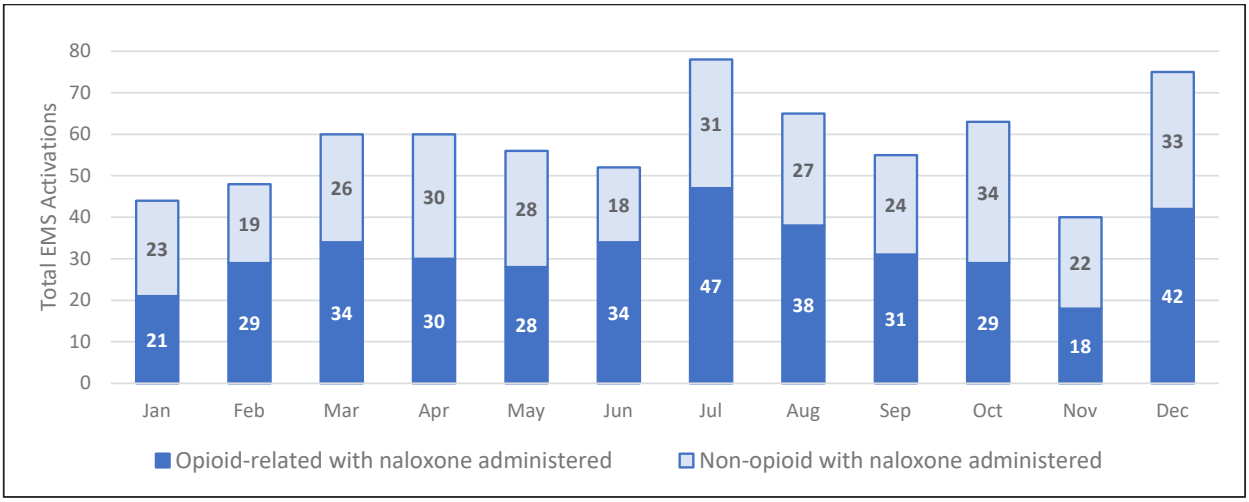
There were **696** EMS activations with a total of **865** naloxone administrations documented during 2021. According to the available data, **1,499 milligrams** (mg) of naloxone were administered – however, this total does not include data from records missing dosage information. Ground transporting agencies provided the greatest amount of naloxone compared to other types of EMS agencies.

| *EMS Agency Type* | *Naloxone* | |
|---|---|---|
| | mg | % |
| *Ground Transporting Agency* | 1,457 | 97.2% |
| *Non-Transporting Agency* | 33 | 2.2% |
| *Rotor Wing* | 9 | 0.6% |
| *Fixed Wing* | 0 | 0.0% |
| *All* | *1,499* | *100.0%* |

Of 696 EMS activations where naloxone was given, nearly half **(45.3%)** were not classified as opioid overdose-related (Figure 1). The most common types of non-opioid patients that received naloxone were cardiac-related (108 activations), altered level of consciousness (91 activations), alcohol or non-opioid drug overdose (33 activations), respiratory issues (20 activations), and mental health or behavioral crises (14 activations).

[1] Montana uses the **NEMSIS v3.4.0 data standard**
[2] Version 01.11.2022

***Figure 1. Opioid-related versus non-opioid EMS activations with naloxone administered by month, 2021***




## *How to Access Naloxone*

The State of Montana has issued a **standing order** that allows Montanans to access naloxone without a prescription. Organizations and facilities may create a Memorandum of Understanding with the State of Montana that will allow them to order naloxone directly from a contracted pharmacy without restrictions. These organizations can keep naloxone on hand for staff to administer as needed, and they can distribute free naloxone to individuals, including people at risk of experiencing an opioid overdose, and family, friends, or others who can assist someone experiencing an overdose.

Individual Montanans may access naloxone for free from a participating **organizations.**

To learn more, contact **naloxone@mt.gov or visit Naloxone (mt.gov)**

**For further information, please visit our website: *Injury Prevention Program***

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# Celebrating 50 Years - Montana WWAMI/Montana's Medical School

The Montana WWAMI 50th Anniversary Celebration kicked off with a reception and dinner in Bozeman on October 9th. Guests included WWAMI Alum, faculty (current and former), University of Washington School of Medicine partners, our MSU president, hospital/clinic representatives from across the state and many friends and supporters of WWAMI. The dinner, hosted by Montana WWAMI and the Montana Office of Rural Health/Area Health Education Center, was a delightful way to celebrate the many accomplishments of the program and to give thanks to all those who have made and continue to make Montana WWAMI possible. We are grateful to our guest speakers for providing some of the background of the complex history of the program, from its inception in the 1970s to what it has become today.

**Speakers:**

Tim Dellit, MD, UWSOM Interim Dean and UW Medicine CEO
John Jutila, PhD, Founding Montana WAMI Director
Dwight Phillips, PhD, WAMI and WWAMI Anatomy Professor, 1973-2009 and Interim Director 2000-2003
Stephen Guggenheim, MD, WAMI and WWAMI Director, 1984-2001
Jay Erickson, MD, Montana WWAMI Assistant Clinical Dean
Waded Cruzado, PhD, MSU President

The concept of regionalized medical education for the Pacific Northwest was developed in the late 1960s at the University of Washington School of Medicine (UWSOM). The need for more generalist physicians and to obtain greater access to publicly funded medical education was recognized at the time. The initial four states of the WAMI program (Washington, Alaska, Montana, Idaho) covered 25% of the land mass of the US, had less than 3% of the population, and the UWSOM was the only medical school in the four-state region. The initial five goals of WAMI included (1) admitting more students to medical school from all four states, (2) training more primary care physicians, (3) bringing the resources of the UWSOM to the citizens and communities of each state, (4) redress the maldistribution of physicians by placing more physicians in the rural areas of each state, (5) avoid capital costs of building a new medical school. The WAMI program became "WWAMI" with the addition of Wyoming in 1996.

Montana State University was selected as the Montana site in late 1971 after a comprehensive review by the UWSOM. Montana entered its first class of 10 students in 1973, the class size increased to 20 in 1975, and to its current class size of 30 in 2013. In alignment with the founding goals of WWAMI, the state has provided public medical education to its residents at a reasonable cost, has benefited greatly from WWAMI physician returns to the state to practice (both Montana and non-Montana WWAMI), and has seen an increased number of primary care physicians providing care to the rural outposts of the state.

# Integrative Medicine Enhances Family Practice

*Dr. Amy Solomon*

Even before starting medical school, I was drawn to integrative medicine as a way to care for the whole person. Integrative medicine is the full spectrum of the healing arts. It changes the focus from "what's the matter" to "what matters". It embraces conventional allopathic medicine alongside traditional Chinese and Indian medicine and other alternative treatments. It is evidence-based with emphasis on using natural products when applicable.

During medical school and residency, I chose community medicine electives that allowed me to follow naturopaths, homeopaths, chiropractors, acupuncturists and other alternative medicine practitioners. As a physician in private practice for more than 20 years, I obtained continuing education on integrative medicine and taught myself, too.

When I arrived at RiverStone Health Clinic four years ago, I was already doing integrative medicine, mostly that I had taught myself. This year, I have the opportunity for formal training with a fellowship from the Osher Collaborative through the University of Washington.

More than a dozen medical clinics in prestigious universities are part of the Osher Collaborative in integrative medicine, including the University of Washington where fellowships are available for faculty members. I have UW faculty privileges as a member of the Montana Family Medicine Residency faculty based at RiverStone Health in Billings. All MFMR faculty apply for faculty positions at UW. Being on faculty comes with tremendous opportunities to learn.

The Osher fellowship training is provided virtually, so I am continuing my family practice and residency teaching in Billings. RiverStone Health and MFMR have been supportive and helped cover fellowship costs.

My fellowship mentor is Dr. Iman Majd, director of the Osher Center for Integrative Health at the University of Washington in Seattle. Dr. Majd is an associate clinical professor at UW and is boarded in integrative medicine, family medicine and acupuncture. I consult with him several times a month.

I started the one-year fellowship on July 1. The first few months have been a remarkable experience. I have learned more about motivational interviewing, nutrition, mind-body medicine, botanicals and the philosophy of acupuncture.

I plan to spend two weeks in Seattle next spring to work with Dr. Majd, whose vision is to have integrative medicine taught in all family practice residencies within the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region. I hope to eventually offer an integrative medicine clinic once or twice a month in Billings.

Integrative medicine emphasizes the relationship between patient and practitioner. It also emphasizes the importance of wellness for the practitioner. You should practice what you preach when you are advising patients to take care of their mind and body. Having your own wellness goals as a physician is important. You don't have to be perfect, just striving to get better.

We all have those patients who say: "I'm not taking your medicine; I want natural treatments." I usually convince them to take the medicine I prescribe, but I want to also offer them complementary treatments that are science-based and appropriate. The whole spectrum is important.

An integrative medicine clinic visit takes longer than typical clinic visits. Before the initial visit, I ask patients to complete an information packet that they bring in. That saves time. In the past three months, I have seen a handful of patients who requested "natural treatment." Some were referred by my colleagues at RiverStone Health Clinic. I think these patients really appreciated the integrative treatment plans we've given them.

Taking the patient's history includes 24-hour food recall, sleep patterns, exercise history, spiritual practices, the patient's relationships and goals. I take a truly whole-person history. Treatment plans include bio-medical, nutrition, mind-body medicine, exercise and spiritual care.

I recently created an elective for MFMR residents to study integrative medicine. I met many local alternative medicine practitioners while setting up the elective. We have great resources in a naturopathic clinic, massage therapists, chiropractors, bio feedback and reiki therapy. But no one is putting it altogether with family medicine. One of our residents has already started this elective.

The elective goal is to educate residents about the whole spectrum of healing so they will know what their patients are getting from alternative medicine practitioners and learn when to refer patients. This knowledge is important because a large number of Americans use complementary or alternative medicine along with conventional medical care.

I've always looked through an integrative medicine lens. I've always cared about people's spiritual and behavioral health. After completing my Osher fellowship I will be eligible for board certification in integrative medicine. Currently, I am boarded in family medicine and addiction medicine.

Studying integrative medicine has made me a much better family doctor in terms of listening and motivational interviewing and what I offer to my patients. I look forward to making integrative medicine available to more patients at RiverStone Health and supporting Montana physicians who want this training.

Family physicians interested in integrative medicine have avenues to get training while continuing your Montana practice. If you are interested in learning more, please contact me at Amy.Sol@riverstonehealth.org.

# Hungry Horse Clinic Joins UM Resident Physician Program

A University of Montana-based program has expanded its residency physician medical services to include Greater Valley Health Center's location in **Hungry Horse**.

UM's Family Medicine Residency of Western Montana is able to expand its continuity clinic experiences to more rural and underserved populations thanks to a federally funded grant through the Health Resources Services Administration.

The UM residency program is one of 20 organizations nationally to receive this grant, with the goal of increasing rural training and exposure for resident physicians specializing in family medicine and primary care.

Three resident physicians will share patient duties at the Hungry Horse clinic this academic year: Dr. Taylor Simmons, a third-year resident, and second-year residents Dr. Bryce Roberts and Dr. Emilie McIntyre.

Dr. Taylor Simmons

Dr. Bryce Roberts

Dr. Emilie McIntyre

"To me, working in Hungry Horse feels like taking care of a family member," Roberts said. "These patients are honest, hardworking folks who are usually sacrificing more than just their time to come and see me. It's a privilege for me to know them and care for them. I also find it very satisfying to coordinate limited resources so that they can receive their care close to home. Hungry Horse is a wonderful community, and I am blessed to be able to work there."

Resident physician training in rural areas is central to the FMRWM mission to train clinically competent physicians to practice in rural and underserved areas of Montana.

According to a 2016 analysis by the University of Washington, residency can be highly associated with the location where a physician eventually chooses to practice. The more training in rural and underserved areas, the more likely the resident will continue to practice in those areas. In Montana, 52 of 56 counties in Montana currently are designated primary care shortage areas.

"The Hungry Horse clinic is a small clinic that fills a big need," Simmons said. "As a provider who is looking to practice in an underserved, low-resource area, I appreciate the opportunity in residency to train in a similar setting. Dr. Tremper, our primary supervising physician in Hungry Horse, is well known and well loved, and I always look forward to learning from him and his patient population. The creativity and flexibility required will keep us residents on our toes!"

Interested residents submitted an application for consideration for the Hungry Horse position. Three residents were chosen and will continue providing services through the 2022-23 academic year. The residency program will take applications each year to replace graduating residents.

FMRWM also sends Missoula-track residents to Partnership Health Center's **Seeley Lake** clinic, as part of the rural continuity clinic program.

FMRWM is a three-year family medicine residency program based in **Missoula** with a track in **Kalispell**. Each year the program recruits 10 first-year residents and graduates 10 third-year residents. At any given time, there are 24 residents located in Missoula and six located in Kalispell.

Residents in Missoula complete their continuity clinic at Partnership Health Center, and Kalispell residents complete their continuity clinic at Greater Valley Health Center. FMRWM is part of the University of Washington Family Medicine Residency Network and is sponsored by Providence St. Patrick Hospital and Community Medical Center in Missoula and Logan Health in Kalispell.

# Removing Penicillin Allergies From the Charts of Patients at Low- and Very Low-Risk of True Allergy by Direct Oral Amoxicillin Challenge

*Stephen Reale, MD*
*Family Medicine Residency of Western Montana, Missoula*

*This article series will highlight projects that Montana family medicine residents have worked on during their training years. We have selected projects that we hope will be helpful and relevant to family physicians. Not all of the projects necessarily met their aspirational goals, but the concepts and processes offer ideas for other clinics to consider.*

## Problem/ Background

- 32 million Americans report allergies to penicillin or other beta-lactam antibiotics
- Studies show that having a penicillin allergy on a patient's chart can lead to:
  - Suboptimal treatment for many common illnesses because first-line antibiotics are not used
  - Increased adverse drug events because of higher rates of side effects with alternative regimens
  - Increased number of hospital/clinic visits for these adverse reactions to alternatives
  - Increased rate of surgical site infections
  - Increased incidence of C. diff, MRSA, and VRE infections
  - Increased cost to patient and system
  - 1 year after de-labeling 100 children, $1400 saved per patient and projected savings to one pediatric ED of more than $192,000 per year
  - Longer hospital stays
  - Increased rate of death for patients with MSSA bacteremia
- More than 95% of patients who report these allergies can ultimately tolerate this medication without issue but this reported allergy is rarely formally addressed, despite a Choosing Wisely recommendation (American Academy of Allergy, Asthma & Immunology, March 3 2014).

## Aim:

- De-label 10% of all clinic patients with a self-reported penicillin allergy who are low- or very low-risk based on the PEN-FAST rule by May 2022.

**Process of gathering information**: A list of patients with reported allergies to penicillin was obtained. This list included reported reactions, when available.

***Table 1.*** *Percentage of patients seen in the last 12 months with a reported penicilin alergy at the time of data collections (12/2/221) compared with US population statistics*

| Patient population | Percent with a chart allergy to penicillin |
|---|---|
| All PHC patients | 10.95% (1145/13199) |
| FMRWM-provider patients | 8.93% (615/6886) |
| My patients | 8.85% (27/305) |
| US population, reported | 10% |
| US population, true | 0.5-2% |

## Analysis and interpretation:

**Strategies for change:** Preparations for this project included meeting with a local allergist, reviewing the current literature on the topic, and devising a protocol for patient risk stratification and selection, and preparation, performance, follow-up, and billing of in-clinic allergy testing. This project was elevated up the clinic chain of leadership before ultimately being halted prior to implementation out of concern for potential risks*.

*the PEN-FAST rule has been validated; and has been used safely in primary care. It risk stratifies for likelihood of true allergy.

## Lessons learned:

- Penicillin allergy is substantially over-reported in both the general population and our clinic population.
- More than 95%of patients who do not have a history of serious penicillin allergy reactions are penicillin tolerant because
  - the most commonly reported penicillin hypersensitivity reaction is a delayed benign rash, likely a type IV hypersensitivity reaction and these reactions may or may not recur when patients are re-exposed to penicillin;
  - IgE-mediated penicillin allergy wanes over time, with 80% of patients becoming tolerant after a decade
  - many patients were never allergic, but may have had an intolerance or another cause for the symptoms they thought represented a penicillin reaction, such as a concomitant viral infection
- Smaller steps in pursuit of the larger goal of penicillin allergy de-labeling may have been more likely to succeed in a large, busy FQHC. Some possibilities for intermediate steps include:
  - Structuring allergy history taking at the MA level to include the information needed to risk stratify allergies (penicillin and/or otherwise)
  - Generate alerts to providers for follow up on patients with reported penicillin allergies, either in person with the MA or via EMR
  - Provider education around this topic
  - Patient education around this topic
  - A system to refer patients to local allergists for testing if necessary
- There is inconsistency and inadequacy in documentation of drug allergies with the current system at the clinic that should be addressed with providers and/or nursing/MAs. Thorough conversations about drug allergies should be happening any time allergies are reported and inaccurate allergies should be removed from patients' charts, with questionable allergies being referred for testing. These conversations are not commonly occurring, potentially because they are seen as low-yield in a busy clinic environment, but infectious diseases are some of the most common illnesses treated in the hospital, not to mention most common causes of death, and the vast majority of these use a beta-lactam as first-line treatment.
  - There are 19 different formulations of penicillin that patients are listed as allergic to in the EMR. One patient is listed as allergic to 14 of these.
  - 40% of patients have no documented reaction.
  - Some documented reactions include: "anxiety," "taken and was okay" x3, "immune to it," "Mother said don't do it," "won't work," and "possible UTI." None of these patients are likely to have a true allergy (three of them have challenged themselves and passed) and having the allergy on a patient's chart is very likely to lead to, at best, potentially substandard care or, at worst, active harm (see "Problems" above).

Source: Trubiano JA, Vogrin S, Chua KYL, et al. Development and Validation of a Penicillin Allergy Clinical Decision Rule. *JAMA Intern Med.* 2020;180(5):745–752.


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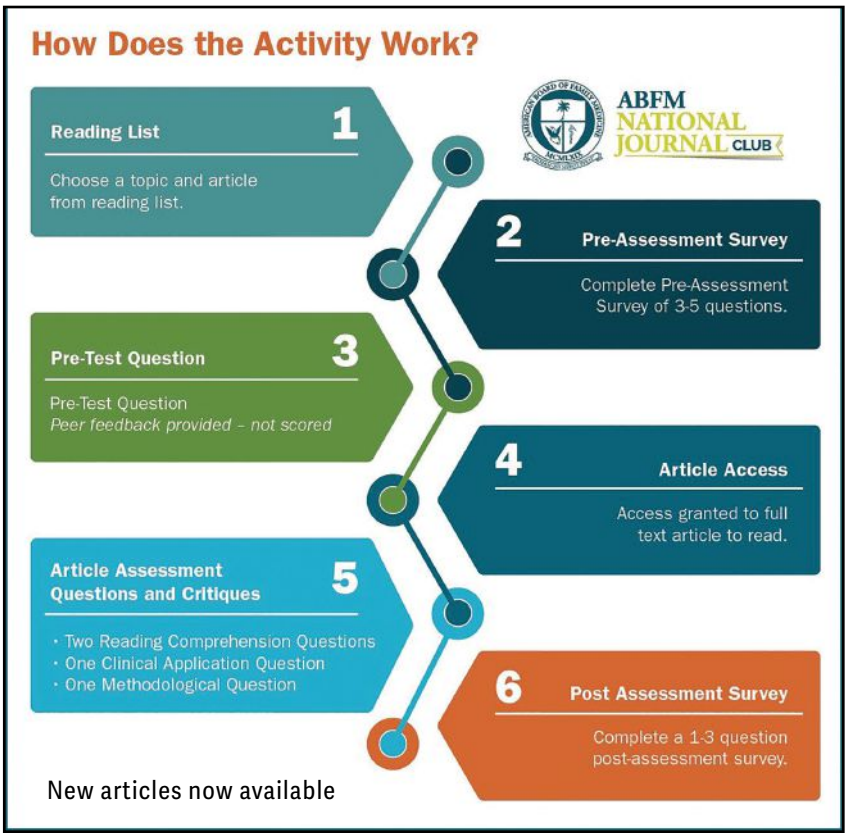
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